

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael Orlando Cimini, et al. :
: Art Unit: 3623
Serial No.: 09/954,775 :
: Examiner: Van Doren, Beth
Filed: September 18, 2001 :
:
For: METHODS AND SYSTEMS :
FOR EVALUATING PROCESS :
PRODUCTION PERFORMANCE :

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
 1. Amendment Transmittal (3 pages)
 2. Amendment (15 pages)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|--------------------------------|--------------------------------|-------------------------------------|
| _____ first month | \$ 120.00 | \$ 60.00 |
| _____ second month | \$ 450.00 | \$ 225.00 |
| _____ third month | \$ 1,020.00 | \$ 510.00 |
| _____ fourth month | \$1,590.00 | \$ 795.00 |

_____ fifth month \$2,160.00 \$1,080.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|-------------------|---|-------|---------------------------------|---------------|-------------------------|----|-------------------------|
| | CLAIMS REMAINING AFTER AMDT | MINUS | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL RATE FEE | | ADDITIONAL RATE FEE |
| TOTAL INDEP. — | | | | = | x \$25.00 = \$ | | x \$50.00 = \$ |
| | | | | = | x \$100.00 = \$ | | x \$200.00 = \$ |
| | | | | | + \$180.00 = \$ | | + \$360.00 = \$ |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$ |
| | FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | |

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$ _____

- ☐ Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

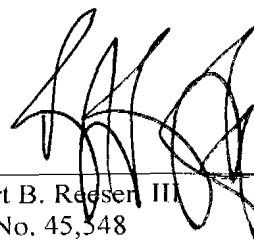
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:



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